Safe Motherhood Programme

2101. DR. NARREDDY THULASI REDDY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether there is any proposal under Government's consideration to implement a new child survival and safe motherhood programme with IDA/UNICEF assistance in a phased manner ; and

(b) if so, what are the details thereof ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARADEVI SIDDHARTHA) : (a) and (b) Government has approved a Child Survival and Safe Motherhood (CSSM) Programme with an outlay of Rs. 853·61 crores during the VIIIth Five Year Plan. The World Bank, through an agreement executed on 20-2-1992 have committed to provide International Development Association (IDA) financial assistance to the tune of Special Drawling Rights (SDR) 160·90 million (Rs. 557·70 crores) and UNICEF, in their Master Plan of Operation (1991-95) have made a provision of US $ 107 million (Rs. 278·20 crores) for this Programme.

The Programme aims at reducing maternal and child mortality by integrating and strengthening the existing Universal Immunization Programme, Oral Rehydration Therapy Programme and the Prophylaxis schemes for control of anaemia in pregnant women and prevention of blindness due to Vitamin A deficiency in children. In addition, the Acute Respiratory Infections Control Programme will be implemented in a phased manner throughout the country as part of the Child Survival initiative to prevent deaths due to Pneumonia.

The Safe Motherhood component of the Programme has been initiated primarily in States with high infant and maternal mortality. The Programme includes intensified training and involvement of Traditional Birth Attendants in anti-natal, natal and post natal care and strengthening of the Sub-centres and First Level Referral Units in terms of equipment and training.

Election of C.C.H.

2102. SHRI CHATURANAN MISHRA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that Governmen have received any representation/objections against the election of the member of Central Council of Homoeopathy from Delhi ; and

(b) if so, what action Government have taken/proposed to take in this regard ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARADEVI SIDDHARTHA) : (a) Yes, Sir.

(b) Matter is under examination.

Payment of N.P.A.

2103. SHRI N. GIRI PRASAD : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 2057 given in the Rajya Sabha on 11th March, 1992, and state :

(a) whether it is a fact that the demonstrators and Medical Officers working in Nehru Homoeopathic Medical College and Hospital are not eligible to get non-practising allowance (NPA) ;

(b) if so, what are the reasons therefor ;

(c) whether it is also a fact that the Government have received any representation from Nehru Homoeopathic Medical College and Hospital Teaching Staff Association for grant of non-practising allowance to demonstrators and Medical Officers working in Nehru Homoeopathic Medical College and Hospital ; and

(d) if so, what action Government have taken/proposed to be taken in this regard ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARADEVI SIDDHARTHA) : (a) and (b) Demonstrators and Medical Officers working in the Nehru Homoeopathic Medical College and Hospital in New Delhi are in the scale of Rs. 1640—2900 and Rs. 2000—3500 respectively and therefore as per the existing orders, they are not eligible for grant of non-practising allowance.

(c) and (d) Delhi Administration has recently referred this issue to Govt. of India. Such cases are decided on Merit.

Population control in Hindi belt

2104. SHRI SATISH PRADHAN : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that Government has worked out a new strategy to check population growth particularly in Hindi belt as part of new population policy ;

(b) if so, what are the details thereof ; and

(c) the targets to be achieved during the Eighth Five Year Plan period year-wise and State-wise ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARADEVI SIDDHARTHA) (a) and (b) To impart a new dynamism to the Family Welfare Programme in the country (including States/UTs in Hindi belt) an imaginative and result-oriented Action Plan has been evolved by the Ministry of Health and Family Welfare in consultation with the States/UTs. This Action Plan has been endorsed by the Ministers incharge of Health and Family Welfare Programme of all the States/UTs in January, 1992. The Action Plan highlights the need for evolving a national consensus in support of the Family Welfare Programme and obtain the willing participation of all sections of the society. Its key features include, (1) improving the quality and outreach of family welfare services, (2) differential strategy for special focus on 90 poor performing districts (birth rate of 39 per 1000 population and above as per the 1981 Census) of which 83 district are in the Hindi belt. (3) developing a mechanism to make available funds to States/UTs on the basis of reduction of actual birth rate, (4) increasing the coverage of younger age couples through vigorous promotion of spacing mehtods, (5) introducing new contraceptives and improving the quality of contraceptives, (6) strengthening family welfare schemes in urban areas especially in slum pockets, (7) revitalising training activities of medical/para-medical personnel with emphasis on motivational and counselling aspects, (8) sustaining the good work done under the Universal Immunisation Programme and strengthening of other interventions for Maternal and Child Health Care (9) reortentation of information, education and communication efforts to focus on the quality of life issues and interpersonal communication, (10) involving voluntary and non-governmental organisations in a big way to promote active community participation in the programme, (11) gearing up of the implemenation machinery in the States/UTs and (12) evolving high